BE D·B·H·D·D

Georgia Department of Behavioral Health & Developmental Disabilities

Jennifer Dunn Deputy Assistant Commissioner Friday, April 19, 2024



DBHDD

- State agency created in 2009
- Provides treatment and support services for most-in-need individuals with
 - Mental Illness
 - Substance Use Disorders
 - Intellectual and Developmental Disabilities
- Priority Population: Individuals who are uninsured, underinsured, or receiving Medicaid

BE DBHDD

\$1.5 Billion agency serving as Georgia's leader in prevention and behavioral crisis response and Georgia's safety net provider of mental healthcare, substance use treatment and disability support.



Vision

Easy access to high-quality care that leads to a life of recovery and independence for the people we serve

Mission

Leading an accountable and effective continuum of care to support Georgians with behavioral health challenges, and intellectual and developmental disabilities in a dynamic health care environment

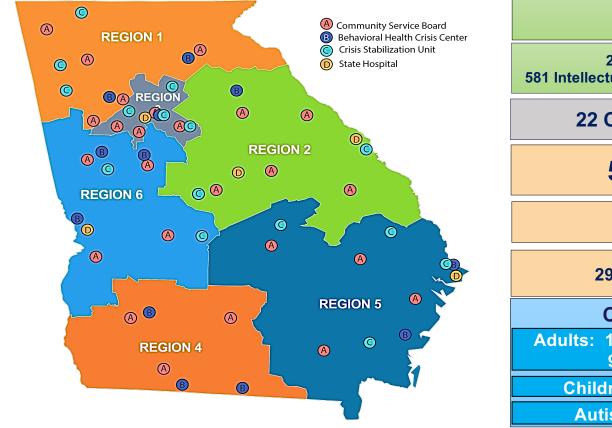
Department of Behavioral Health and Developmental Disabilities Budget Presentation | 6

DBHDD Values

Person- Centeredness	Collaboration and Teamwork	Continuous Improvement	Creative Problem- Solving
Customer	Integrity	Mutual	Results-Driven
Service		Respect	Focus

BEINFORMED Services and Organizational Structure

DBHDD: The Provider Network





9 Crisis Stabilization Units

Children: 4 Crisis Stabilization Units

Autism: 1 Crisis Stabilization Unit

WHAT IS 988?

988 is a direct, national three-digit line that will connect individuals with suicide prevention and mental health crisis resources.

988 calls in Georgia ARE being answered by the Georgia Crisis and Access Line (GCAL), 24 hours a day, 7 days a week, 365 days a year. Right now, in Georgia, anyone experiencing a suicidal crisis or emotional distress should call GCAL at 1-800-715-4225 or download the My GCAL app,

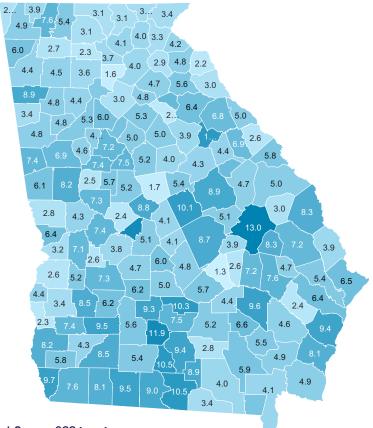
available on both iOS and Android devices, to access GCAL via text and chat.

GCAL is available 24 hours a day, 7 days a week.

Some of 988's key features include:

- Connect a person with immediate and ongoing resources
- Promote cost efficiency
- Reduce burden on safety resources
- Help end stigma of seeking care

Crisis Episodes by Prevalence



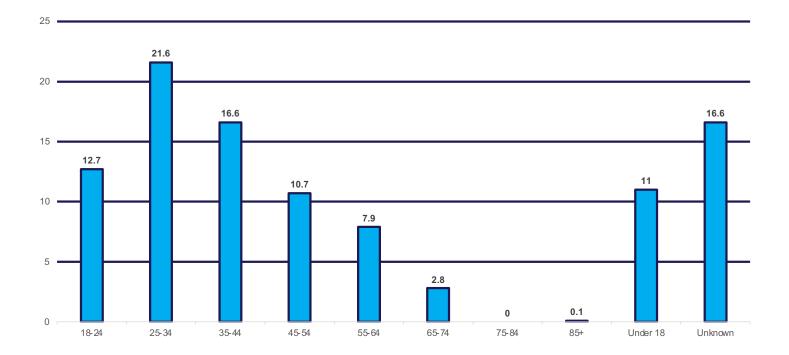
Rural south Georgians are reaching out for help at higher rates than urban areas.

- The suicide death rate in rural Georgia counties increased by **7%** between 2017 and 2021.
- Suicide death rates in rural areas of Georgia are **26%** higher than in suburban/urban areas.

Preliminary data | Source: 988ga.org

Powered by Bing © GeoNames, Microsoft, TomTom **October – December 2023**

Crisis Episodes by Age

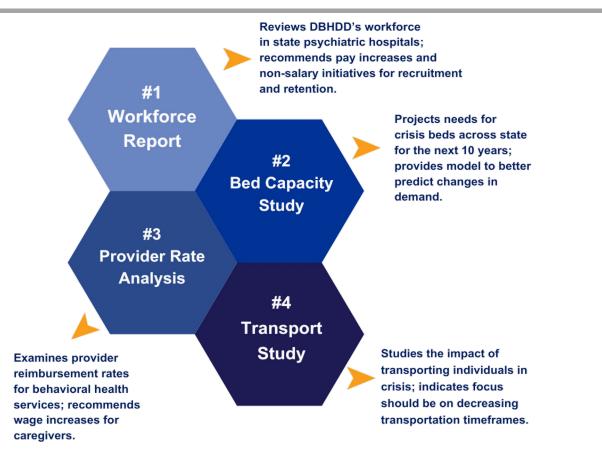


Notes: Crisis episodes with "unknown" demographic information include episodes where the caller chose not to provide the information and episodes where the information was not gathered due to the acuity of the call.

Preliminary data | Source: 988ga.org

October – December 2023

Data-Driven Decision-Making: Shaping Our Department's Priorities



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#1: Workforce Innovations Report

Recruitment Hurdles: Recruiting state hospital staff in rural areas is challenging, with long recruitment times and increased market competition.

Retention Concerns: 29% of employees eligible for early retirement within 5 years.

Compensation Gap: On average, DBHDD salaries are **19%** below national market median data.

• On average, the DBHDD minimums for Psychiatrists, Forensic Psychiatrists and Physicians (Board Certified and Eligible) are **24% below** market median salaries.

#2: Provider Rates for Behavioral Health

Position	2008 Salary	Future Salary (if funded)	
Psychiatrists/Physicians	\$160,605	\$237,012	
Advanced Practice Registered Nurses, PhD. Psychologists	\$69,165	\$135,184	
Licensed Clinical Social Worker, Registered Nurse, Licensed Professional Counselor, etc.	\$48,827	\$76,945	
Licensed Master Social Worker, Bachelor's Level Certified Staff, etc.	\$36,025	\$53,518	
Non-Bachelor's Level Certified Staff, Paraprofessionals	\$26,850	\$43,040	

#2 Provider Rates for NOW/COMP Waiver Programs

Impact

- On average, rate study recommendations would result in a 40 percent increase in provider revenue, if enacted.
- Rate models assume an average direct service professional (DSP) wage which is inclusive of the following:
 - Increase of \$12 to \$16.70 for DSPs per hour PLUS comprehensive benefits
 - Appendix K extension

#3: Bed Projections for Behavioral Health Crisis Care

- Projected Facility Demand: To meet the growing demand for crisis beds, Georgia will require the addition of 8 new facilities over the next 10 years. Five out of these eight facilities are needed before 2025.
- Addressing Temporary Gaps: It's crucial to acknowledge that Georgia will need to address temporary service gaps before new facilities become operational. This may involve continuing to use state-contracted private hospital beds in the short term while the state works to address workforce issues to reopen offline beds.

#3: Bed Projections Forensic Treatment

- **Statewide Gap in 2025:** The projected statewide gap for 2025 is estimated to be 119 in-patient hospital beds.
- Bed Occupancy Data: Out of a total of 641 forensic beds, half are currently occupied by individuals for an average duration of 9 years, highlighting the long-term nature of the bed occupancy challenge.
- Recommendations: Address the bed shortage by
 - converting excess state hospital Adult mental health (AMH) beds into forensic beds,
 - o reevaluating individuals on waiting lists,
 - o expanding jail-based competency restoration programs and,
 - o increasing the utilization of forensic step-down facilities.

#4 Georgia Sheriffs' Mental Health Transport Study

DBHDD worked directly with the Sheriffs' Association to study the impact of transporting individuals experiencing a crisis to an Emergency Receiving Facility.

STUDY #1 GOAL = Decrease the <u>impact</u> of mental health transports for law enforcement.

- Out of 30 counties requested to participate, DBHDD was able to collect data from 15 counties in South and Southwest Georgia; two additional counties agreed to participate but did not have any transports to report during the study period.
- Data Encompassed: <u>316 transports from Aug. 1 Oct. 31, 2023</u>.
- Disproportionate Representation: 36% (113 transports) were from Colquitt County, impacting the overall study results, which heavily reflected Colquitt County's transport processes and outcomes.

#4 Transport Study: Preliminary Findings

IMPACT OF TRANSPORTS	AVERAGE COST PER TRANSPORT	AVERAGE TIME PER TRANSPORT	
Including Colquitt County: 316 Total Transports	\$119.74 per transport	Less than 2.5 hours (2:27)	
Not Including Colquitt County: 203 Total Transports	\$141.91 per transport	Less than 3 hours (2:52)	

#4 Transport Study: Preliminary Findings

SATISFACTION RATES WITH	WAIT TIMES AT EMERGENCY
TRANSPORT PROCESS	RECEIVING FACILITIES
About 90% of responses were categorized as positive feedback (neutral-totally satisfied), and about 10% of them were categorized as negative feedback (totally dissatisfied).	It is notable that 81% of the reported transports showed that deputies waited fifteen minutes or less at the receiving facility.

#4 County-Level Mental Health Transport Findings (All Data)

County	Reported Transports	Corresponding GCAL	Average Time per	Average Miles	Average Cost
		Episodes	Transport (hh:mm)	per Transport	per Transport
Ben Hill*	10	9	05:55	226.3	\$291.52
Berrien	5	2	02:22	65.6	\$100.15
Colquitt*	113	47	01:40	60.5	\$79.92
Decatur	36	14	02:50	118.6	\$146.31
Dodge*	4	3	05:08	174.8	\$238.24
Dougherty*	17	13	01:32	18.9	\$49.22
Early	12	9	03:30	154.3	\$186.04
Echols	0	-	-	-	-
Irwin	5	1	04:49	235.0	\$270.80
Lanier	6	4	02:37	106.7	\$133.43
Lee	11	7	02:00	16.5	\$58.74
Mitchell	33	14	02:29	107.8	\$130.95
Seminole*	9	-	03:23	167.6	\$192.07
Terrell	0	-	-	-	-
Tift	24	14	02:35	109.9	\$134.69
Turner	8	8	03:23	119.4	\$159.94
Worth	23	13	02:31	88.9	\$119.17
Total	316	158	02:27	92.6	\$119.74

*At least one in-county ERF

□Average Time per Transport = (∑Weighted Full Process Time)/316 Transports. Accounts for time of additional deputies assigned to transports.

^{12]}Average Miles per Transport = (∑Total Miles Driven)/316 Transports

^[3]Average Cost per Transport used the following figures for calculation: State of Georgia mileage reimbursement rate @\$0.665/mile. <u>State Accounting Office</u>. Accessed 12.22.2023. Cost of deputy time @\$23.81 per hour 50th percentile salary for sheriffs' deputies in Georgia. <u>Police and Sheriff's Patrol Officers (bls.gov</u>). Accessed 12.12.2023.

#4 Transport Study: Looking Ahead

Fewer Transports Observed

The study revealed a lower overall number of transports than initially anticipated. This finding contrasts the initial assumptions about the frequency of mental health transports within the studied period.



01

Concern for Excessive Transport Times

Identified outliers in the time taken for transports that were deemed unacceptable to all involved parties. This suggests inconsistencies or significant delays that may impact the efficiency of the transport process.

03

Availability of Beds Close to Home

It is in everyone's best interest to serve people closest to home. This study revealed a need to reevaluate our processes and be sure we are fully utilizing the local network of CSUs and BHCCs. In addition to addressing staffing issues, we are considering opportunities to enhance oversight and more nimbly respond to system gaps.

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Forensic Code Update

The Behavioral Health Reform and Innovation Commission is examining state laws, rules and policies that impact people dealing with behavioral health issues in the criminal justice and mental health systems.

<u>Goals:</u>

- Decrease waiting times for competency evaluations by finding effective methods.
- Understand the available services for individuals in the criminal justice system who are deemed incompetent to stand trial.
- Create suggestions to handle the rising number of individuals found incompetent to stand trial, including focusing on prevention and diversion programs.

Jail In-Reach Programming

- Create partnerships between Community Service Boards and local jails to assess and support individuals with severe mental illness in the criminal justice system.
- Reducing recidivism through case managers and peer mentors who assist with reentry and connect to local resources, including supportive housing.
- Current Programs: Hall, DeKalb, Walton, Chatham and Lowndes counties.

Pilot Outcomes: 55% of discharged individuals successfully enter behavioral health services after release.

Budget request submitted for four new pilot programs.

Georgia Opioid Crisis Abatement Trust

- The Georgia Opioid Crisis Abatement Trust was created to receive and administer Georgia's share of funds from national settlements with opioid manufacturers and distributors. Funds held by the Trust will be used to support drug addiction prevention, treatment and recovery services.
- Application process opened on April 15, 2024.
- Accepting applications through Friday, May 17, 2024.
- Learn more: <u>https://www.gaopioidtrust.org/</u>

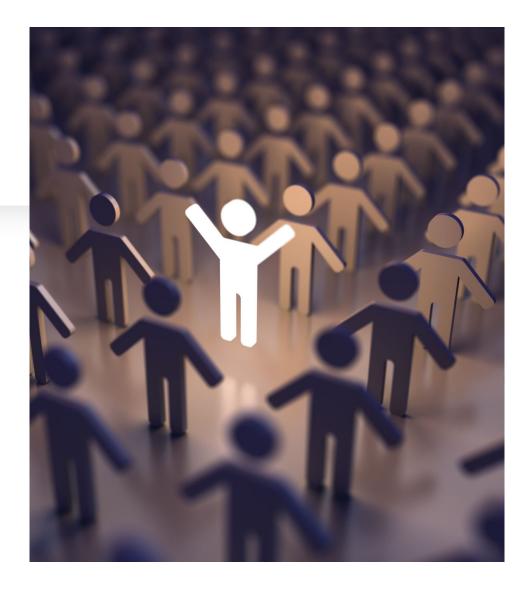


National Distributors and Manufacturers Opioid Settlements

- DBHDD Commissioner serves as the trustee.
- Total funds to Georgia = \$638 million
 - 75% (\$479 million) sent by the National Administrator to the Trust
 - 25% (\$159 million) distributed by the National Administrator directly to the Participating Local Governments in Georgia
- Payments will be made over 9 or 18 years:
 - Manufacturers (*J&J, Janssen, etc.*) \$91 million over 9 years
 - Distributors (*McKesson, etc.*) \$387.9 million over 18 years

Region 4 Partners

- Aspire Community Service Board – 8 counties
- Georgia Pines Community Service Board – 6 counties
- Legacy Community Service Board – 10 counties



Upcoming events

Children's Mental Health Day at the Capitol

WHEN: Thursday, May 9, 2024 WHERE: Georgia Freight Depot TIME: Breakfast starts at 8 am. Main event kicks off at 9 am. THEME: Lighting the Path for Social Justice for Children and Youth in Georgia!

Register now so we will know you are coming. Invite your friends, neighbors, coworkers, and anyone else.



Upcoming events

28th Annual Rosalyn Carter Georgia Mental Health Forum

The Carter Center is excited to invite you to join us for the 28th Rosalynn Carter Georgia Mental Health Forum on May 14th, 2024! Registration is free and open to the public, so we encourage you to share the registration link with colleagues and friends. A final agenda is forthcoming. The Forum will be held at The Carter Center (453 John Lewis Freedom Parkway Northeast Atlanta, GA 30307) and will be held from 9:30am – 3:30pm.



THE CARTER CENTER Waging Peace. Fighting Disease. Building Hope.

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Home > Health Programs > Mental Health Program > Georgia Mental Health Forum

The 28th Rosalynn Carter Georgia Mental Health Forum

DONATE NOW

Tuesday, May 14, 2024 9:30 a.m. - 3:30 p.m. ET

SIGN UP FOR EMAIL

Please sign up below for important news about the work of The Carter Center and special event invitations.

This year's forum continues the tradition established by its namesake former First I adv Rosalvon

2024 Rosalynn Carter Georgia Mental Health Forum (cartercenter.org)

Upcoming events

DBHDD Teen Summit September 21, 2024 Valdosta GA, Wild Adventures!



Questions?

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Georgia Department of Behavioral Health & Developmental Disabilities



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